

2048

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		STATE FILE NO. <u>92</u>	
1. PLACE OF DEATH				BUREAU OF VITAL STATISTICS		REGISTERED NO. <u>68</u>	
COUNTY <u>Gila</u>				STATE <u>ARIZONA</u>			
TOWNSHIP _____ OR VILLAGE _____				CITY <u>Miami</u>		NO. <u>No. 4 Porto Rico</u>	
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				IN CITY OR TOWN WHERE DEATH OCCURRED <u>19</u> YRS. <u>1</u> MOS. <u>25</u> DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____	
2. FULL NAME <u>Manuel Gaona</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>4 Porto Rico Canon</u> ST. _____				(B) RESIDENCE: NO. _____ ST. _____		(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Mex.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Single</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 27, 1918</u>							
7. AGE		YEARS <u>19</u>		MONTHS <u>1</u>		DAYS <u>25</u>	
		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____							
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____							
12. BIRTHPLACE (CITY OR TOWN) <u>Miami</u> (STATE OR COUNTY) <u>Arizona</u>							
13. NAME <u>Narciso Gaona</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTY) <u>Mexico</u>							
15. MAIDEN NAME <u>Teresa Navarette</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTY) <u>Unknown</u>							
17. INFORMANT <u>Narciso Gaona</u> (ADDRESS) <u>Porto Rico Canon</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACES <u>Final Cemetery</u> DATE <u>June 24, 1937</u>							
19. EMBALMER } LICENSE NO. <u>200A</u> FUNERAL DIRECTOR } SIGNATURE <u>Miles Mortuary</u> ADDRESS <u>Miami Ariz.</u>							
20. FILED <u>June 25, 1937</u> <u>E. M. Cron</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH MONTH DAY, AND YEAR <u>June 23, 1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____							
I LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Drowned</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>None</u>							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>6/23, 1937</u>							
WHERE DID INJURY OCCUR? <u>Midland City</u> (SPECIFY CITY OR TOWN, COUNTY, AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Public place (fish pond)</u>							
MANNER OF INJURY <u>Drowned in</u>							
NATURE OF INJURY <u>swimming pool</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____							
IF SO, SPECIFY (SIGNED) <u>Larry P. Ryan Coroner</u> (ADDRESS) <u>Miami, Arizona</u>							

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION